PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for registronger fee patients. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Catherine Anne Whealy P.O. Box 220 Tolar, TX 76476



Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

CATHERIN	5 ANNS	WHEAV	(Depositor's name)
Patheu			Signature)
Senter	ubli 3	, ZOOF	(Date)
TOP /	I		

				•
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/747,788	12/29/2003	Angus Stewart		7628

TITLE OF INVENTION: ANGIOZANTHUS PLANT NAMED 'BUSH INFERNO'

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$640		. \$0	\$640	09/03/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	٦	
HWU, JUNE		1661		PLT-362000	J	
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicati	e address or indication of "F ence address (or Change of C 22) attached. ion (or "Fce Address" Indica or more recent) attached. Us	Correspondence	names of agents Ol firm (hav agent) an	nting on the patent front page, up to 3 registered patent at R, alternatively, (2) the name ing as a member a registered d the names of up to 2 regist or agents. If no name is listented.	of a single attorney or 2 tered patent	1. Whooly
(A) NAME OF ASSIGN RAMM BOT	ee Panicaus Pt	ц. LTD. ^{(В}	RESIDENO Tuqi	ar on the patent. Inclusion of a Completion of this form is NO DE: (CITY and STATE OR CO	UNTRY) OUTH WAVES	, Austrau
• • • • • • • • • • • • • • • • • • • •			printed on the patent);			
Director for Patents is reque	sted to apply the Issue Fee a	nd Publication Fee		re-apply any previously paid i		
other than the applicant; interest as shown by the re This collection of informa obtain or retain a benefit application. Confidentiality estimated to take 12 minu completed application for case. Any comments on suggestions for reducing the patent and Trademark (22313-1450. DO NOT S.	d Publication Fee (if require a registered attorney or ageords of the United States Pation is required by 37 CFR by the public which is to five the state of the USPTO. Time with the amount of time you his burden, should be sent Office, U.S. Department ERND FEES OR COMPLE for Patents, Alexandria, Virginia and the sent of the complete of the sent of the	ent; or the assigned atent and Trademar 1.311. The information in the Lorentz and 37 CFR 1.1 athering, preparing II vary depending require to complete to the Chief Informof Commerce, ATED FORMS TO	nation is request. PTO to proced. 4. This collet, and submitted.	o9/09/2004 R irred to ess) an ction is ing the ivided	MEBRAH1 00000082 1074	7788 640.00 OP

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.